

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12752163-049623

FILED JAN 6 1964

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> , b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>Afton</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Anthony Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>827 Union Road.</u>	

3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
<u>Christina Kohlberg</u>		<u>December 23, 1963</u>	
5. SEX <u>Female.</u>	6. COLOR OR RACE <u>White.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/27/1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>
13a. FATHER'S NAME <u>John Goeke</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Winkeler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>Bernard Kohlberg, 644 Sandra Ct, LeMay, Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Cecum and</u> <u>terminal aden with metastases</u> <u>to liver.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>2 mos.</u> DUE TO (c) <u>4 mos.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 mos.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>arteriosclerotic heart disease</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>153.0</u>
20c. TIME OF INJURY Hour <u>5:35</u> a.m. <u>12:23</u> p.m. Month, Day, Year <u>Sept. 1, '63</u> <u>Dec 23, '63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Sept. 1, '63</u>		20f. CITY, TOWN, OR LOCATION <u>Dec 23, '63</u>
21. I attended the deceased from <u>Sept. 1, '63</u> to <u>Dec 23, '63</u> and last saw her alive on <u>Dec 22, '63</u> Death occurred at <u>5:35 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>12-23-63</u>

22a. SIGNATURE <u>George A. O'Sullivan, M.D.</u>		22b. ADDRESS <u>7629 Gray Ave</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal.</u>		23b. DATE <u>12/26/63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery,</u>		23d. LOCATION (City, town, or county) <u>St. Louis County, Mo.</u>	
24. FUNERAL DIRECTOR <u>Gebken-Benz Mortuary,</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 24 1963</u>	
ADDRESS <u>2842 Meramec St.,</u>		26. REGISTRAR'S SIGNATURE <u>Lois Smith, M.D.</u>	
<u>St. Louis, Mo. 63118</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

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Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by ME, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Joe E. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.,
St. Louis, Mo. 63118

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.